FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP *WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A95000000824 FILED

98 OCT 27 PM 1:38

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

			MELHINGOLL, LCOMO,				
CNL INCOME & GROWTH FUND VII, LTD.							
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
400 EAST SOUTH STREET. SUITE 500	400 EAST SOUTH STREET, SUIT	400 EAST SOUTH STREET, SUITE 500		05/31/1995	\$15,000,000.00		
ORLANDO FL 32801				3a. Date of Last Report			
				11/03/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:		
21 Walling Process	- Interpretation of the second			FL	\$15,000,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State	City & State	City & State		59-3318148	Not Applicable		
Zip Country	7in	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Z.p Country					8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
BOURNE, ROBERT A 400 EAST SOUTH STREET, SUITE 500		Name					
		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc.					
		City Zip Code					
		City	FL 25 cons				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, i am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY							
MUST	BE REGISTERED AN	D ACTIV	/E WIT	H THIS OFFICE.	,		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CNL INCOME & GROWTH CORP.	400 EAST SOUTH STREET		ORLANDO FL 32801		P94000018227		
,				5000025 -11/02/9 ****520		35——3 07—004 ****526.25	
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•				AL OCT 2	1998		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
12. I do hereby certify that the Information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.							
SIGNATURE	Robert A. Bourne, Pr	racidas.	+	DATE	10/7/98	3	
1	NI Income & Crouth	restaen.	L		(407) 4	550-1000	